

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">09/469606</div>	<small>FILING DATE</small>				
							<small>APPLICANT(S)</small>					
							CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	1		2									
TOTAL DEP.	29		8									
TOTAL CLAIMS	30		10									
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						TOTAL DEP.						
						TOTAL CLAIMS						

PTO-1360 (3-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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